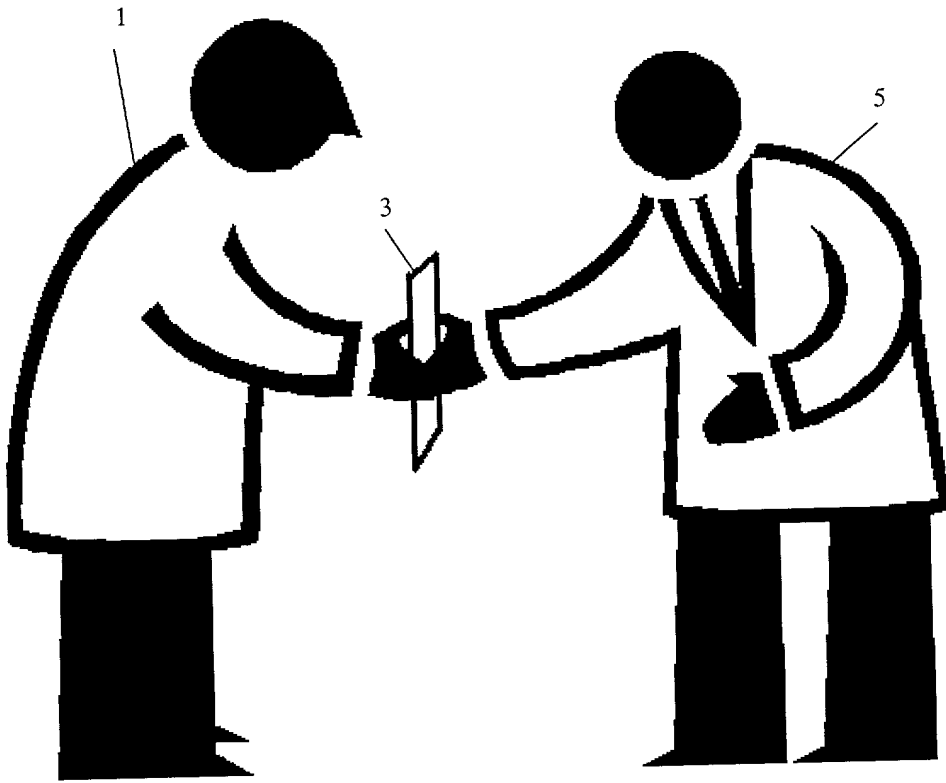


+

I/IX

Fig 1




+

3

### Personal and Family Histories

**Marking Instructions**  
 Use only the pencil provided.  
 Mark all items that apply to you.  
 Fill in the appropriate oval as shown.



*Incorrect Mark*

**Tobacco Use**

How would you describe your cigarette smoking?

	Current	Previous	Never
If your answer is "Current" or "Previous", please fill in the year you started smoking.	Cross <input type="radio"/> Year	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
If your answer is "Previous", please fill in the year you quit smoking.	Cross <input type="radio"/> Year	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
Cigarettes a day that you smoke (or did smoke):		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>

PLEASE PRINT YOUR LAST NAME

PLEASE PRINT YOUR FIRST NAME

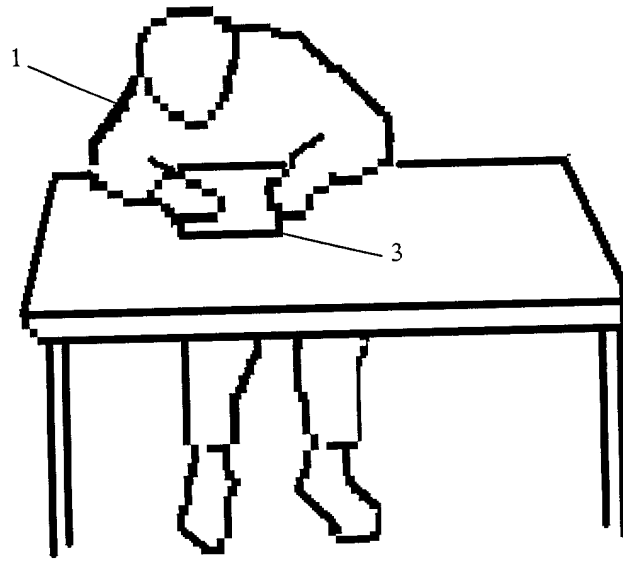
PLEASE PRINT YOUR DATE OF BIRTH

PATIENT SOCIAL SECURITY NUMBER

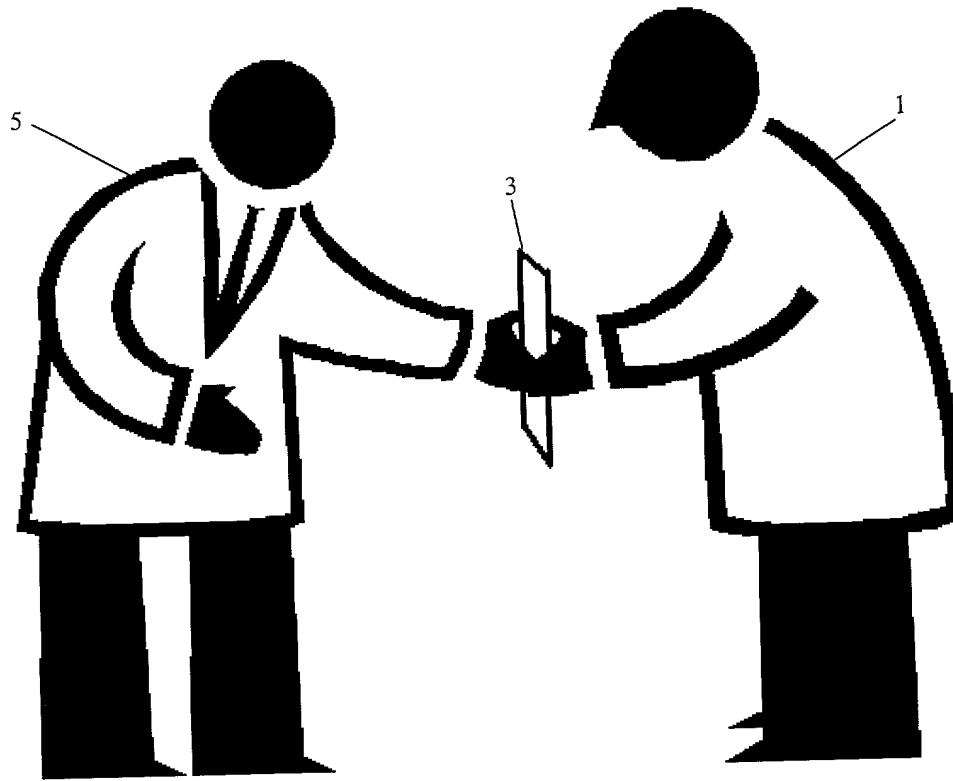
+

III / IX

Fig 3



+



+

V / IX

Fig 5

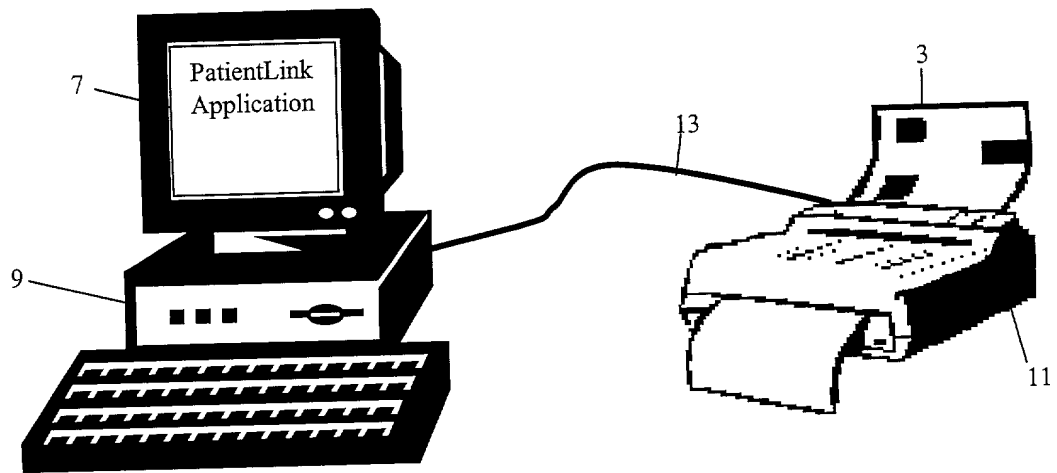


FIG. 5 is a side view of a person sitting at a desk and using a computer system. The person is labeled 5. The computer system includes a monitor labeled 7 and a base unit labeled 9. The person is sitting on an office chair. The desk is a simple rectangular surface.

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Fig 6



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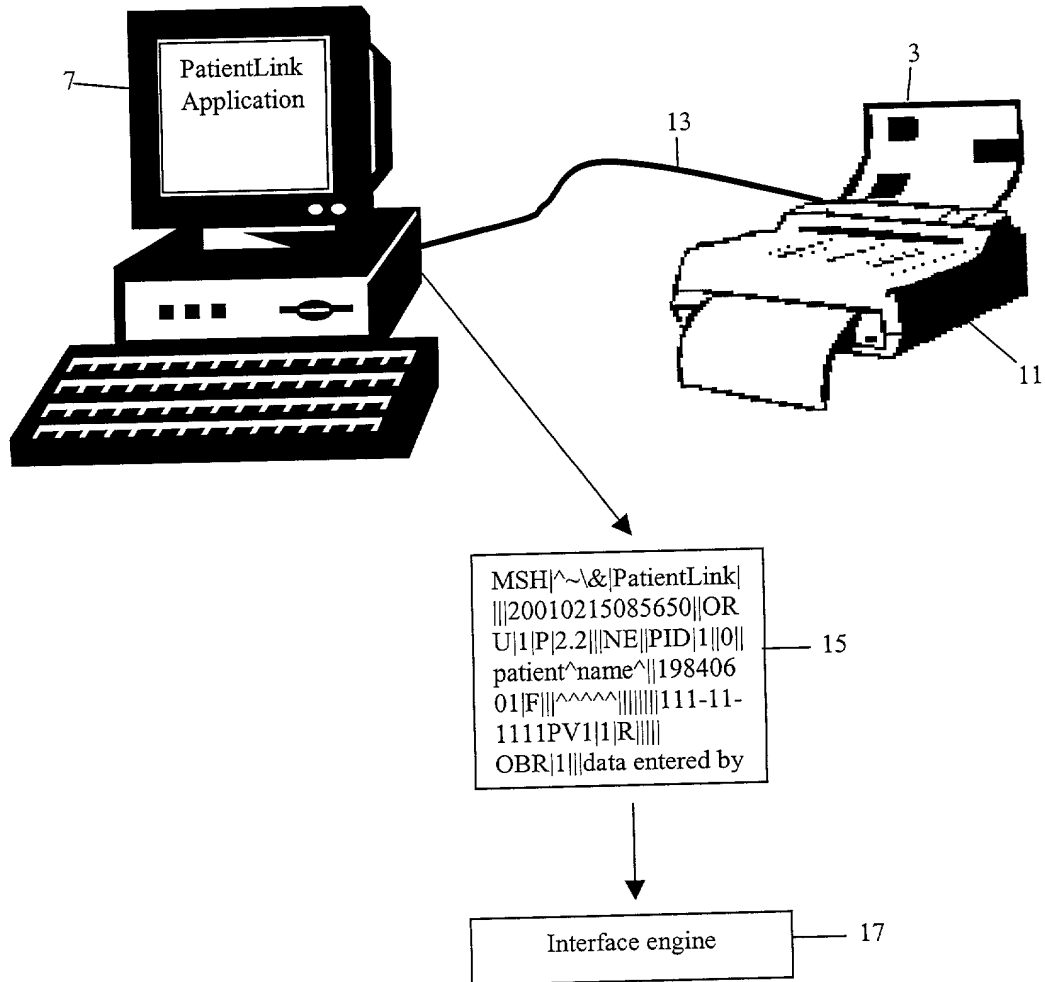


Fig 8

